

PATENT  
Serial No. 09/601,126  
Attorney Docket No. 450101-02198

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants : Tatsushi NASHIDA et al.  
Appl. No. : 09/601,126  
Filed : September 22, 2000  
Title : INFORMATION PROVIDING APPARATUS AND  
INFORMATION PROVIDING METHOD  
Art Unit : 2611  
Examiner : TRAN, Hi V.

745 Fifth Avenue  
New York, NY 10151

**EXPRESS MAIL**

Mailing Label Number: ED 108768114 US

Date of Deposit: July 5, 2005

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Chiaki Kokka

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

**AMENDMENT UNDER RULE 116**

Mail Stop AF  
Commissioner for Patent  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action of April 7, 2005, please amend the above-identified application as follows:

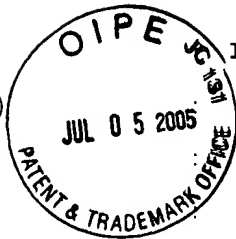
**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2.

**Remarks/Arguments** begin on page 7.

07-07-05

AF  
IPW

PATENT  
450101-02198



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Serial No. 09/601,126  
For INFORMATION PROVIDING APPARATUS AND INFORMATION PROVIDING METHOD  
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Art Unit : 2611

MAIL STOP AF  
COMMISSIONER FOR PATENTS  
Alexandria, VA 22313-1450  
Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	17	Minus	20 =	0 ×	\$50(25)	= \$0
Independent claims	2	Minus	3 =	0 ×	\$200(100)	= \$0
			Total additional fee for this amendment			= \$0

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360 (\$180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a -month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A USPTO Form 2038 - Credit Card Payment Form in the amount of \$ \_\_\_\_\_ .00 is attached, which covers the cost of ☐ additional claims and ☐ -month petition for extension of time.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Chiaki Kokka

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

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